



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
MOTOR VEHICLE COMMISSION**

**500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
(615)741-2711
FAX (615)741-0651**

DELETION OF LINE-MAKE*

DATE: _____

(DEALER NAME) License No. _____

(Street) (County)

(City) (State) (Zip)

(Mailing address, if different from above)

(City) (State) (Zip)

In order to maintain current licensing information, please complete and mark accordingly:

Name of line-make(s) to be deleted from license: _____

☐ Voluntary – dealer decision to discontinue line-make(s)

☐ Discontinuation of production by manufacturer

☐ Other: _____

(Authorized Signature of Dealership)